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Jocelyn A. Eskow (Denositor's name) (Signature Filed via EFS-Web on June 25, 2007 (Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO 09/486 293 08/22/2000 JONATHAN A COOPER 14538A-004010US 3432 TITLE OF INVENTION: ISOLATION AND EXPRESSION OF A DISABLED PROTEIN GENE MDABI AND METHODS

APPLN, TYPE SMALL ENTITY ISSUE FEE DUR PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional XXXYES \$X40X700 **₹**∩ \$1400 06/25/2007 EXAMINER ART UNIT CLASS-SUBCLASS GEBREYESUS, KAGNEW H 1656 536-023500 Change of correspondence address or indication of "Fee Address" (37 CFR I.363). 2. For printing on the patent front page, list Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. the names of up to 3 registered patent attorneys or agents OR, alternatively, I TOWNSEND AND TOWNSEND AND CREW LLP (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Fred Hutchinson Cancer Seattle, Washington Research Center Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) XX Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies XThe Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) 🛮 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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